Maryland

State Disabilities Plan

2012-2015

"Advancing the rights and interests of people with disabilities so they may fully participate in their communities."

Martin O'Malley, *Governor* Anthony G. Brown, *Lt. Governor*

Table of Contents

OVERVIEW

STATE DISABILITY IMPLEMENTATION PLAN

APPENDICIES

Overview

The Maryland Department of Disabilities is committed to facilitating the partnership among Maryland's disability community, the Maryland Commission on Disabilities, the Interagency Disabilities Board, and other State agencies to improve outcomes for people with disabilities. In its approach, MDOD works to ensure that State agencies deliver services in the most integrated setting possible and develop policies that are aligned and effective. MDOD is required to review and revise the State Disabilities Plan at least once every four years. The 2009 State Disabilities Plan was the most recent version prior to this revision.

Mission:

The mission of the Department is to advance the rights and interests of people with disabilities so they may fully participate in their communities.

VISION:

The Department is committed to a vision that ALL Marylanders are valued and respected and have the knowledge, opportunity and power to make a difference in their lives and the lives of others. The Maryland Department of Disabilities and the Maryland Commission on Disabilities reach deep into the stakeholder community on an on-going basis. Through formal meetings with stakeholders, responses to constituent concerns, outreach activities, and informal listening sessions, these two entities are constantly in dialogue with the people most impacted by services provided by State government. It is this collaborative partnership that guides the ongoing revision of the State Disabilities Plan. Marylanders can view this blueprint for services at any time on the Maryland Department of Disabilities website at www.mdod.maryland.gov.

The plan unifies planning efforts across State government, highlighting current work and future endeavors. It holds government accountable by measuring progress and identifies barriers to improvement. It is aligned with and supported by other State agency planning efforts. The Maryland Department of Disabilities' policy and constituent services teams routinely collaborate with representatives from all branches of government to assure a focused approach that is guided by input gathered from people with disabilities. Priorities emerge that direct the State's efforts and resources where it is most needed. Effective and innovative approaches are modeled and expanded. In this fashion, partnerships among people with disabilities, community advocates, and governmental representatives are strengthened. Maryland's policies, programs, and budget reflect a deep

commitment to empowering people with disabilities. Highlights of that work are reflected throughout the plan and priorities for the future are identified.

Stakeholder Input:

The State Disabilities Plan reflects the varied input from people with disabilities and their families, advocates, providers, and government representatives. The Maryland Commission on Disabilities, MDOD staff and representatives from the Interagency Disabilities Board held five listening posts in geographic regions around the State. Additionally, MDOD held input meetings with stakeholders and advocacy organizations representing different aspects of the disability community and gathered information within all eight policy domains identified by the Department. The Department also welcomed written comment from stakeholders on a draft plan posted on the Department's website during November 2011.

The focus of the information gathering was to identify issues and obstacles as well as potential resolutions. Based upon the feedback received, the MDOD Policy Team and their counterparts in other State agencies outlined the goals, strategies and activities that will be implemented to better meet the needs of people with disabilities throughout Maryland.

The Interagency Disabilities Board:

The Interagency Disabilities Board (IADB) is comprised of Cabinet Secretaries or their designees and is chaired by the Secretary of MDOD. The IADB includes representatives from the Departments of: Aging; Business and Economic Development; Budget and Management; Education, Health and Mental Hygiene; Housing and Community Development; Human Resources; Labor, Licensing and Regulation; Planning; and Transportation. The Board also includes: the Executive Director of the Governor's Office of Children, or the Executive Director's designee; the Director of the Governor's Office of the Deaf and Hard of Hearing, or the Director's designee; and representatives from any other unit of State government that the Governor designates. The Board is charged with continuously developing recommendations; evaluating funding and services for individuals with disabilities; identifying performance measures; and working with the Secretary of MDOD to create a seamless, effective and coordinated delivery system. This body is responsible for both development and implementation of the revised State Plan. This group met in May of 2011 to discuss goals for the 2012 State Disabilities Plan and affirm the process for information gathering for the goals and strategies to be included in the approved plan.

Maryland Commission on Disabilities:

The Maryland Commission on Disabilities was established by statute to provide guidance to MDOD in the development of the State Disabilities Plan. Sixteen individuals with disabilities and/or representatives of stakeholder groups are appointed by the Governor and serve along with two members of the Interagency Disabilities Board and two legislators. Commission members chair, co-chair and

implement the work of subcommittees created by the Commission. Since the Commission is primarily composed of individuals with disabilities, the Department has ongoing feedback and input from those most impacted by recommendations and outcomes of the State Disabilities Plan. The MCOD also acts as a liaison with local commissions and committees that serve people with disabilities and conducts outreach activities and listening posts around the State. The State Plan Monitoring and Implementation subcommittee reviewed portions of the 2009 State Disabilities Plan and offered feedback to the Department in key policy areas during the September 2011 MCOD meeting. The full Commission reviewed the initial draft of this plan prior to its release for public comment at its regularly scheduled October meeting in 2011. A list of current members of the Commission can be found in Appendix 2.

Performance Data – State Disabilities Plan

The Maryland Department of Disabilities (MDOD) was created in statute in 2004 to work across all units of government that create policy or deliver services to people with disabilities. The State Disabilities Plan is developed in concert with those units of government, people with disabilities, providers of community programs, and advocates. Please see Appendix 1 outlining MDOD's statutory roles and responsibilities regarding the State Plan.

The State Disabilities Plan articulates vision, goals, and strategies necessary to achieve forward movement in disabilities services in Maryland. MDOD staff includes a policy team comprised of experts in the policy areas of Employment, Health and Behavioral Health, Community Living, Housing, Transportation, Education and Family Supports. The policy team also includes the Project Director for the Access Maryland Program who serves as a resource for ADA compliance issues; and the Executive Director of the Maryland Technology Assistance Program. The policy experts work in tandem with units of government to unify program objectives, assessment measurements and data collection.

Performance Data for Policy Areas

MDOD is engaged in an aggressive effort to increase accountability of government to achieve outcomes that are meaningful to people with disabilities. Aligning MDOD's Managing for Results (MFR) submission with MFR measures and indicators across departments through the State Disabilities Plan is a deliberate strategy to increase accountability. In the State Budget Book, MDOD identifies MFR performance measures with MDOD holding itself accountable to a standard that requires success in other departments' delivery of services for people with disabilities. MDOD is charged with improving outcomes for people with disabilities thereby improving overall quality of life.

To that end, State law requires MDOD to evaluate disability services and to develop performance measures of these services. MDOD collaborates with the Department of Budget and Management and other units of State government to gather disability performance data for eight policy areas:

Frequently participating units, by policy area are:

- Community Living*- Medicaid, DDA, MHA, MDoA, ODHH
- Health and Behavioral Health*.- MHA, DDA, ADAA, Medicaid), ODHH
- Transportation* – MDOT, Medicaid, MTA and WMATA
- Education- MSDE (DSE/EIS, DORS, and MITP)
- Children, Youth and Families- DHR, MSDE, DDA, MHA GOC, DJS

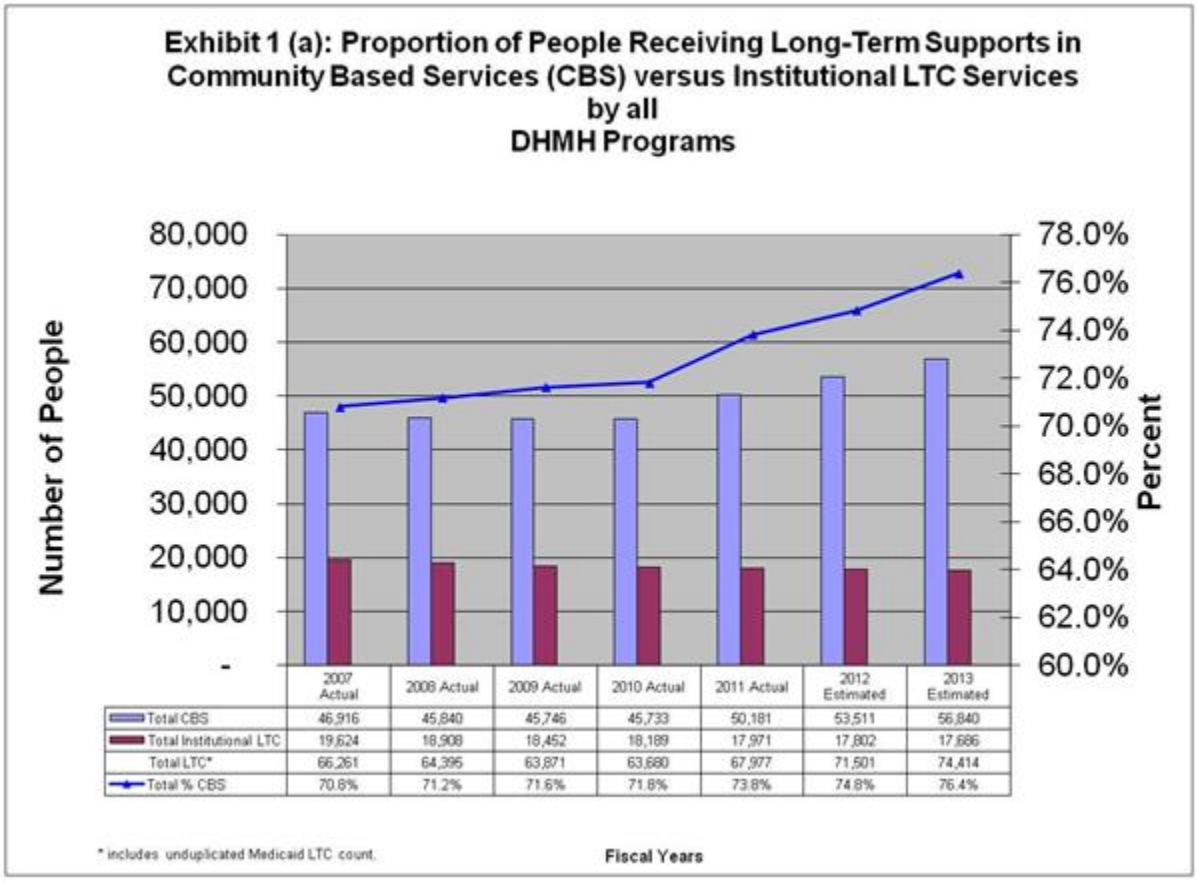
- Employment and Training* - MSDE (DSE/EIS DORS), DLLR, DDA, and MHA
- Technology MSDE (DSE/EIS DORS), DDA, DOIT, and ODHH
- Housing* – DHCD, DDA, MHA, and Medicaid

*Charts on the following pages show key results for indicated (*) policy areas. MDOD's FY 2013 Budget MFR submission is the data source.

Community Living

Exhibit 1(a) shows the proportion of people with long-term support needs receiving community based services (CBS) versus those receiving institutional long-term care services. The data are totals for programs in three Department of Health and Mental Hygiene (DHMH) administrations: Medicaid, Developmental Disabilities, and Mental Health. The total number of people for whom DHMH provided community based services (CBS) is expected to increase by 3% from FY 2007 to FY 2012. At the same time, the number of people served annually in institutions is expected to fall to a level of 17,686 or one-fourth of the 74,414 total recipients. An estimated 9,924 more people are expected to receive Community Based Services in 2013 than in 2007. **Exhibits 1(b) and 1(c)** on the following pages show the same data broken down for each administration.

Exhibit 1(a): Community Living

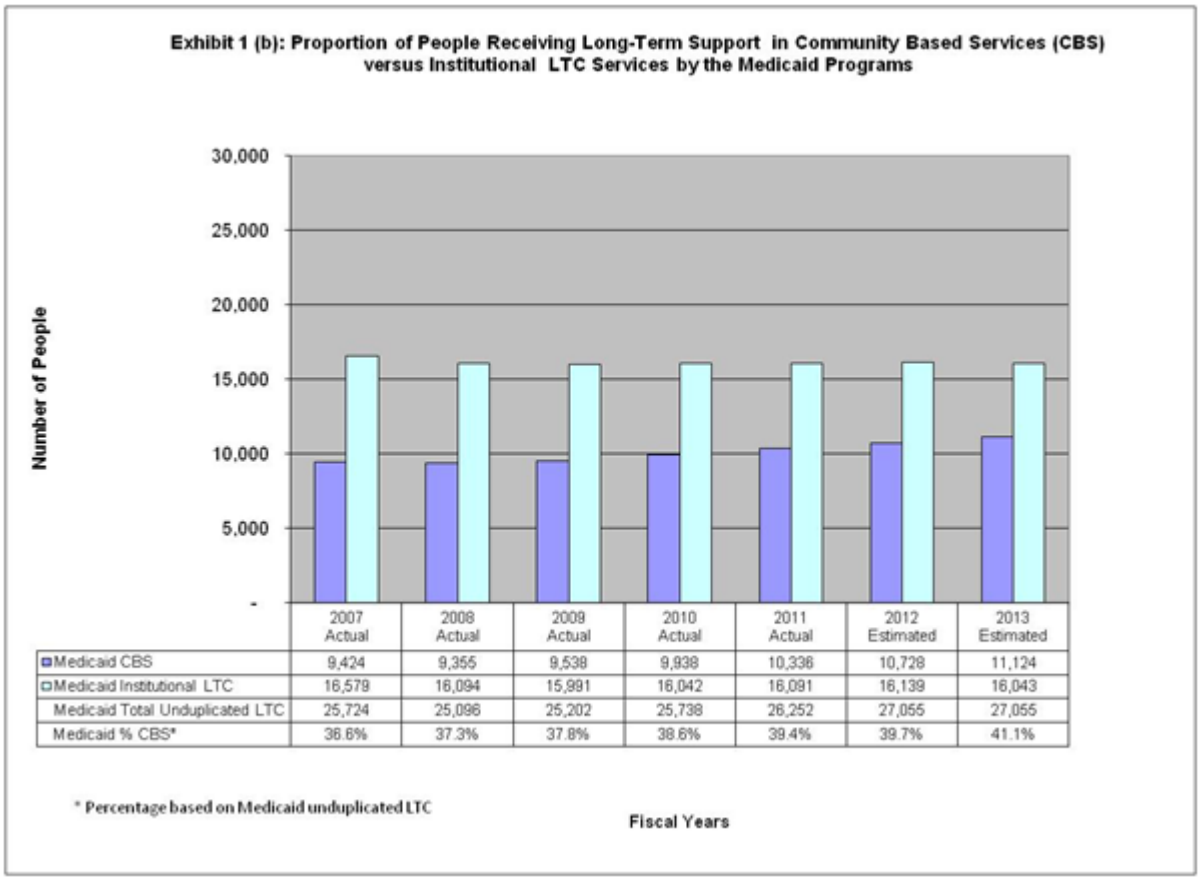


	2007 Actual	2008 Actual	2009 Actual	2010 Actual	2011 Actual	2012 Estimated	2013 Estimated
Total CBS	46,916	45,840	45,746	45,733	50,181	53,511	56,840
Total Institutional LTC	19,624	18,908	18,452	18,189	17,971	17,802	17,686
Total LTC*	66,261	64,395	63,871	63,680	67,977	71,501	74,414
Total % CBS	70.8%	71.2%	71.6%	71.8%	73.8%	74.8%	76.4%

Medicaid data in charts 1 and 2 reflect an estimate as of September 30, 2011.

DHMH's Medicaid Program reported (Exhibit 1(b)) that the number of older adults and people with disabilities receiving MCPA funded services in community alternatives or CBS (Waiver for Older Adults, Living at Home Waiver, medical day care, or personal care), as measured in the first month of each fiscal year, increased by 912 from FY 2007 to FY 2011. Over the same period, there was a decline of 488 in the number of such people receiving Medicaid funded services in nursing facilities, again as measured in the first month of each fiscal year. Reflecting these changes, the percent of older adults and people with disabilities receiving HCBS versus nursing facility services increased 2.8% from FY 2007 to FY 2011.

Exhibit 1(b): Community Living

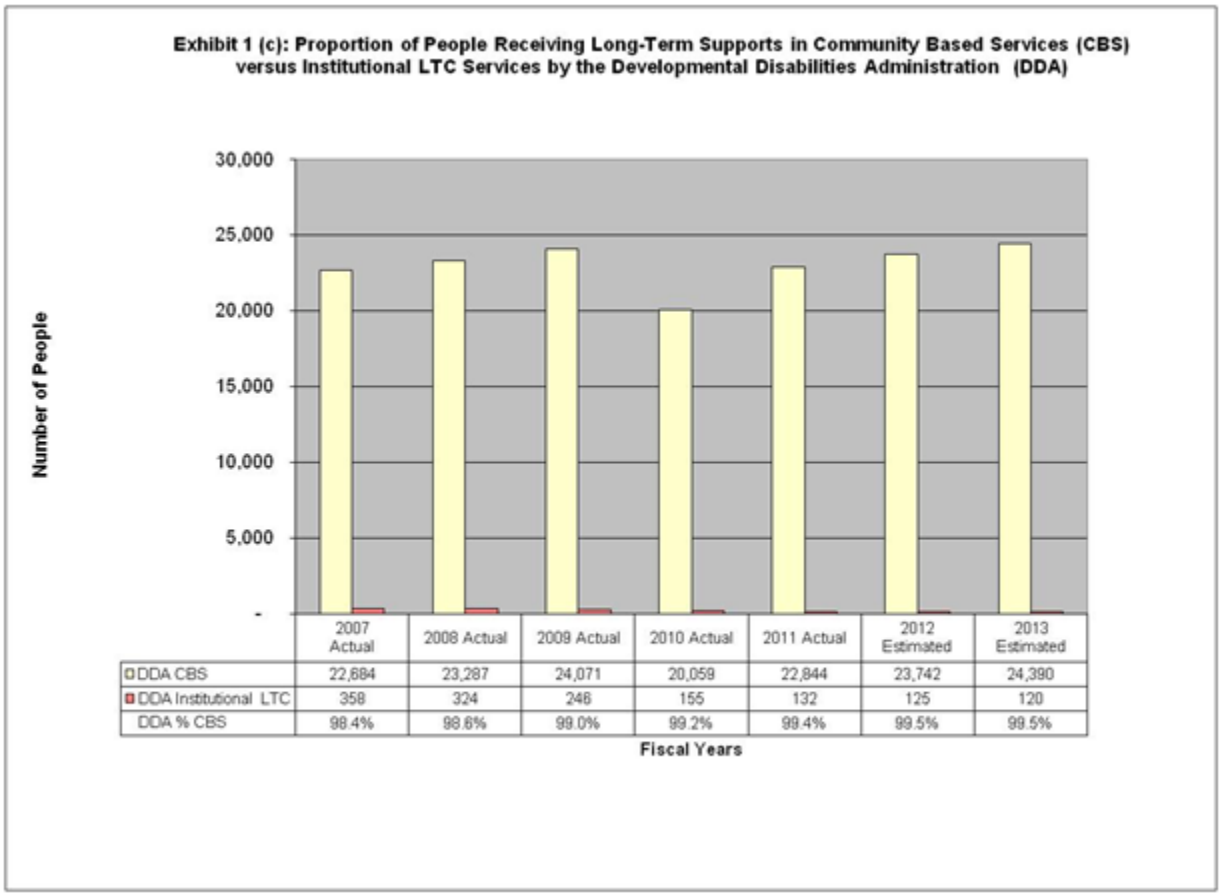


	2007 Actual	2008 Actual	2009 Actual	2010 Actual	2011 Actual	2012 Estimated	2013 Estimated
Medicaid CBS	9,424	9,355	9,538	9,938	10,336	10,728	11,124
Medicaid Institutional LTC	16,579	16,094	15,991	16,042	16,091	16,139	16,043
Medicaid Total Unduplicated LTC	25,724	25,096	25,202	25,738	26,252	27,055	27,055
Medicaid % CBS*	36.6%	37.3%	37.8%	38.6%	39.4%	39.7%	41.1%

Medicaid data in charts 1 and 2 reflect an estimate as of September 30, 2011.

The percentage of people receiving Community Based Services through the Developmental Disabilities Administration (DDA) has increased to 99.4 percent of the total served in 2011, and this indicator is expected to reach 99.5% in 2013 (Chart 1(c)). The apparent reduction in people receiving community based services beginning in FY 2010 is an artifact of a change in DDA's tracking of one category of CBS. In FY 2010, DDA began tracking Low Intensity Support Services (LISS) in a new module in the DDA data system and is now able to reduce the previous duplication of service reporting for those individuals that receive a traditional service and also LISS.[1]

Exhibit 1(c): Community Living



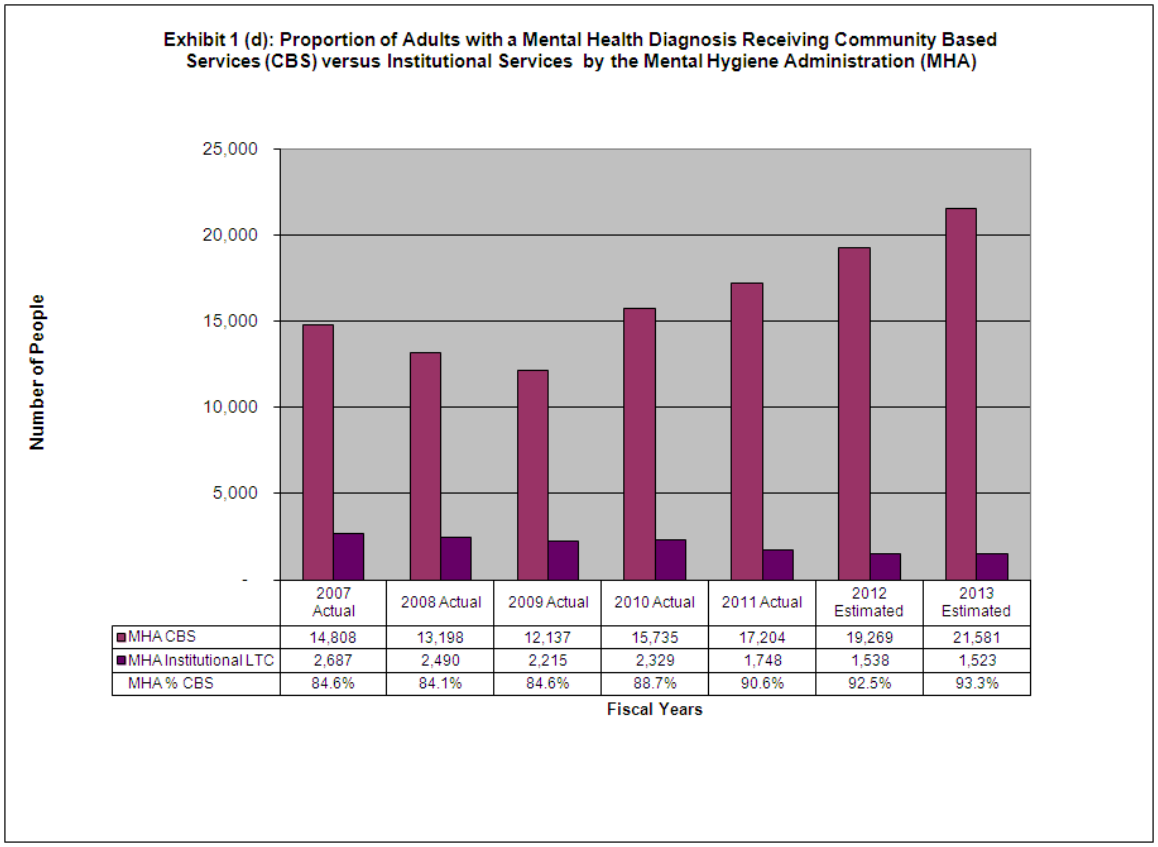
	2007 Actual	2008 Actual	2009 Actual	2010 Actual	2011 Actual	2012 Estimated	2013 Estimated
DDA CBS	22,684	23,287	24,071	20,059	22,844	23,742	24,390
DDA Institutional LTC	358	324	246	155	132	125	120
DDA % CBS	98.4%	98.6%	99.0%	99.2%	99.4%	99.5%	99.5%

[1] In the past, DDA did not account for 'actual' people receiving Low Intensity Support Services (LISS); rather a budgeted number of people that were supposed to receive the service were added to the unduplicated number of people from our other services. DDA has now developed a new module in its data system that can account for everyone receiving the service by actual name. DDA has found that many people who access LISS also accessed one of DDA's traditional services, and therefore they were counted twice in the past because of the method of calculation. DDA is now able to generate a true unduplicated count for those individuals.

Health and Behavioral Health

The percent of people with a mental health diagnosis receiving CBS versus institutional services increased 6% from FY 2007 to FY 2011, with further increase expected in future years. More than 90% of adults with a mental health diagnosis served by the Mental Hygiene Administration receive community based services.

Exhibit 1(d): Health and Behavioral Health



	2007 Actual	2008 Actual	2009 Actual	2010 Actual	2011 Actual	2012 Estimated	2013 Estimated
MHA CBS	14,808	13,198	12,137	15,735	17,204	19,269	21,581
MHA Institutional LTC	2,687	2,490	2,215	2,329	1,748	1,538	1,523
MHA % CBS	84.6%	84.1%	84.6%	88.7%	90.6%	92.5%	93.3%

Transportation

Exhibit 2(a) shows the level of service and performance provided to Maryland paratransit customers, representing data from the Maryland Transit Administration (MTA) and the Washington Metropolitan Area Transit Authority (WMATA) for services in Montgomery and Prince Georges Counties. MTA and WMATA combined provided 841,947 more paratransit rides to people certified for paratransit in 2011 than in 2007. The combined percent of on-time paratransit rides also increased from 88 percent in 2004 (not shown) 90.6 percent in FY 2011. While rides are expected to increase in 2012 and 2013, the on-time percentage is expected to maintain at or above 90 percent in those years.

Exhibit 2(a): Transportation

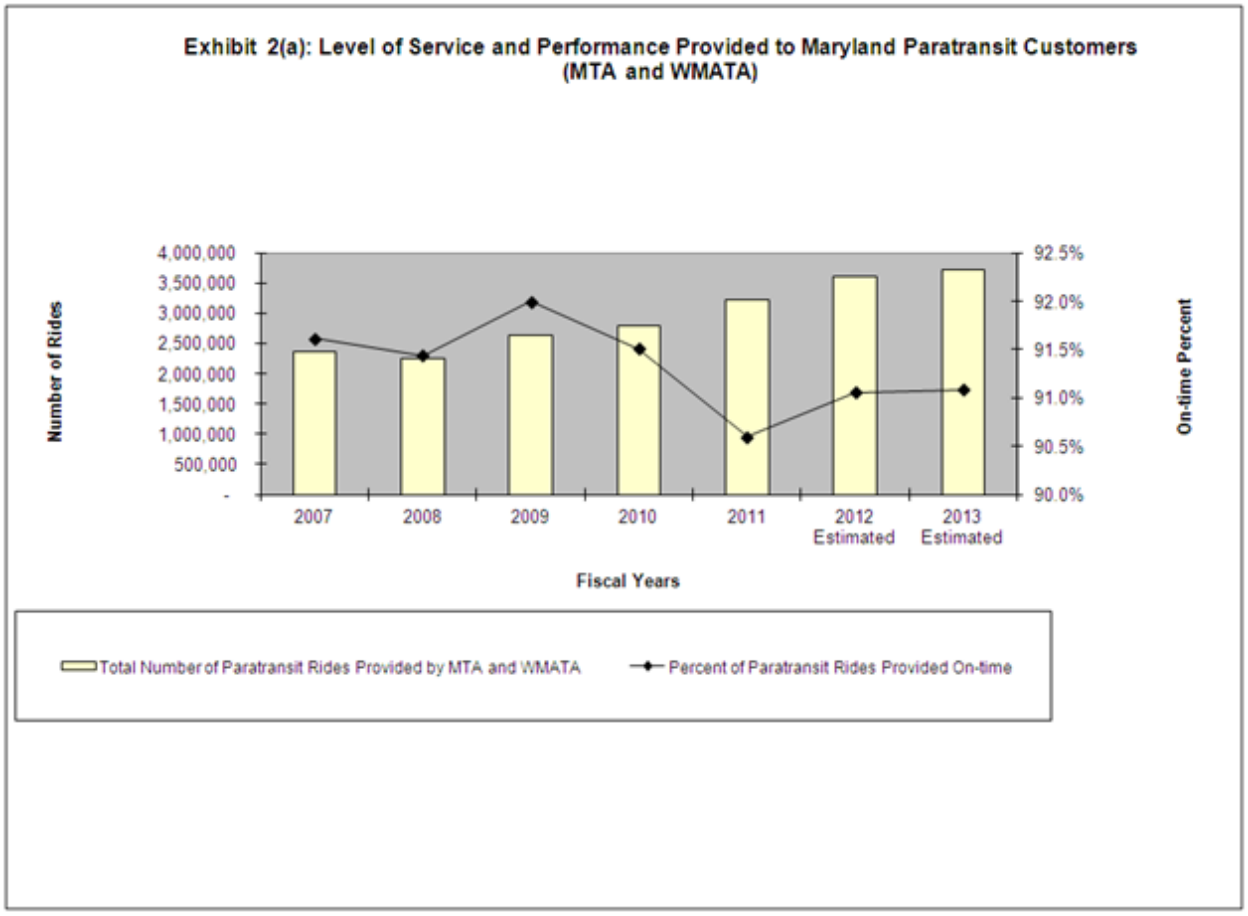


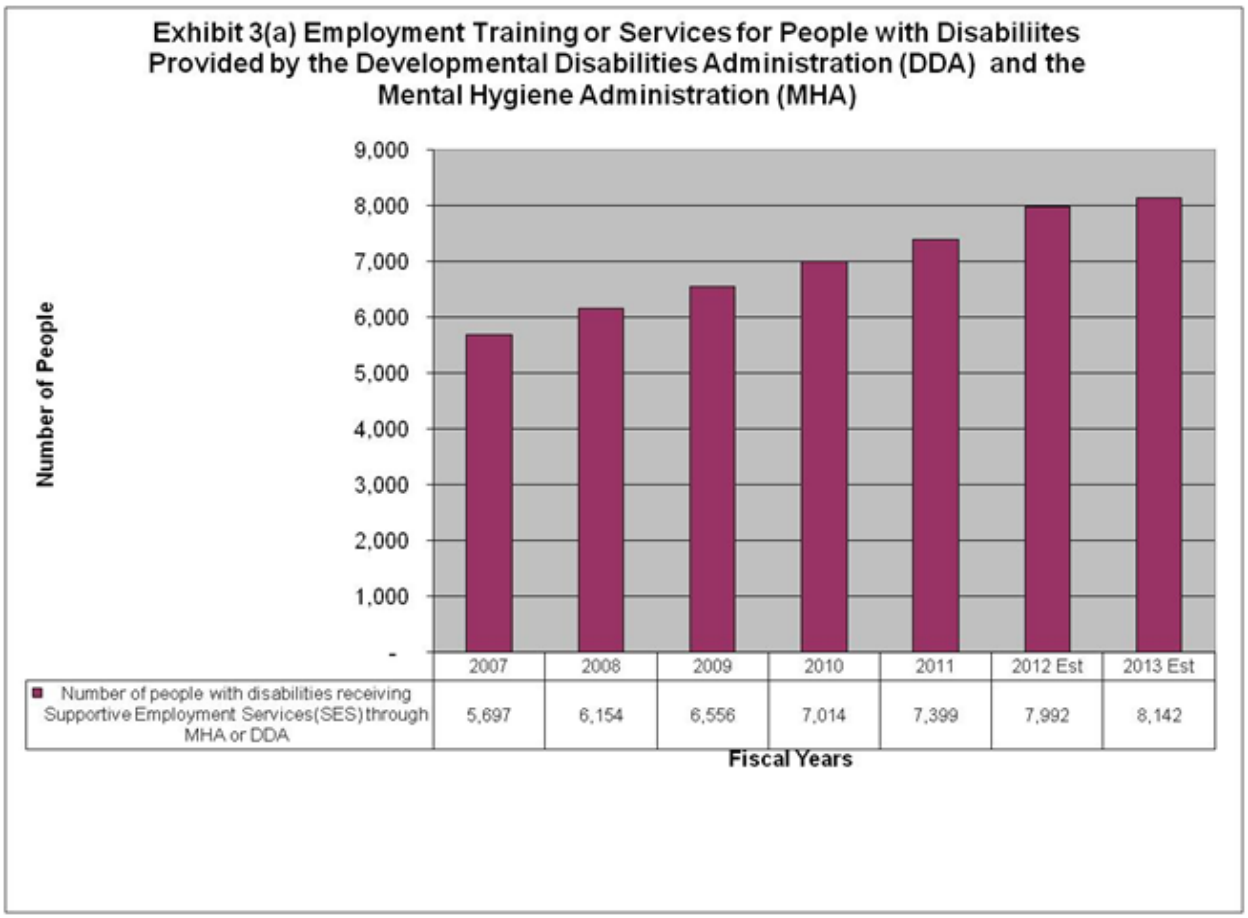
Exhibit 2(b): Transportation

RESULTS AND PERFORMANCE MEASURES		FISCAL YEARS				
		2009 Actual	2010 Actual	2011 Actual	Estimated 2012	Estimated 2013
Level of service and performance provided to MTA and WMATA paratransit customers	Number of people with disabilities certified for paratransit	29,025	33,075	36,688	41,284	42,342
	Number of paratransit rides provided (millions)	2.632	2.787	3.213	3.618	3.720
	Percent of paratransit rides provided on time	92.0%	91.5%	90.6%	91.1%	91.1%
	Customer satisfaction rating:					
	WMATA (measured as total number of complaints received per 1,000 trips completed)	6.8	6.2	5.0	5.0	5.0
Level of service and performance provided to people with disabilities using MTA and WMATA fixed route transportation	Number of people with disabilities certified for fixed route	35,739	64,915	93,459	110,660	112,106
	Percent of accessible buses in fixed route					
	MTA	100%	100%	100%	100%	100%
	WMATA	100%	100%	100%	NA	NA
	Number of people with disabilities receiving travel training					
	Individual (WMATA)	180	264	300	350	369
	Group (WMATA)	4,255	3,984	4,300	4,550	4,792
	Total number of monthly disabled passes purchased	198,726	202,132	207,460	213,500	213,500

Employment and Training

Exhibit 3 shows performance data for employment training or services and employment outcomes for Marylanders with disabilities served through two different units of State Government. Chart 5 shows that over 1,700 more people with disabilities received Day Services or Supported Employment Services through the Developmental Disabilities Administration (DDA) or the Mental Hygiene Administration (MHA) in 2011 than in 2007, and further increases are expected in 2012 and 2013.

Exhibit 3: Employment and Training



Notes:

***** The DLLR data for training incorporated in Exhibit 3 includes only Workforce Investment Act (WIA customers) but not Labor Exchange (LE) customers. LE does not capture number of participants trained.

** The DLLR data for employment incorporated in Exhibit 3 includes WIA and LE customers and Youth Program Participants.

Housing

Obtaining safe, accessible and affordable housing remains a challenge for people with disabilities in Maryland and around the country. Increasing accessibility of new multi-family housing units alone is not sufficient to increase disabled people's housing choices and those who receive Supplemental Security Income (SSI) payments are among the State's poorest citizens. The most recent data from the Social Security Administration indicates that there are approximately 62,000 SSI recipients aged 18-64 in Maryland. In 2010, a person receiving SSI would have needed to pay 164% of their monthly income to rent a modest one-bedroom unit.

Data collected from DHCD indicates a downward trend in the number of rental units financed by DHCD that meet Section 504 accessibility standards. This is consistent with an overall reduction in DHCD in the amount of projects financed due to difficult market conditions. See Exhibit 4(a) below.

Data collected by MDOD from the State's largest housing authorities, shows modest fluctuation up or down in the number of people served who rely on SSI and SSDI as their source of income. Conversely, the number of recipients of SSI and SSDI in the State rose approximately 12% between 2008-2010. See Exhibit 4(b) below.

Exhibit 4(a): Rental Units financed by DHCD that meet Section 504 accessibility requirements for individuals with mobility or sensory disabilities.

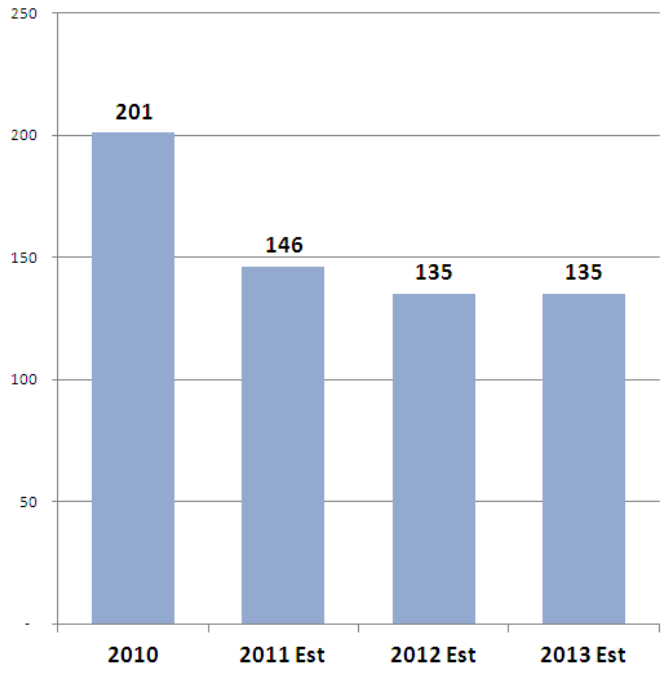
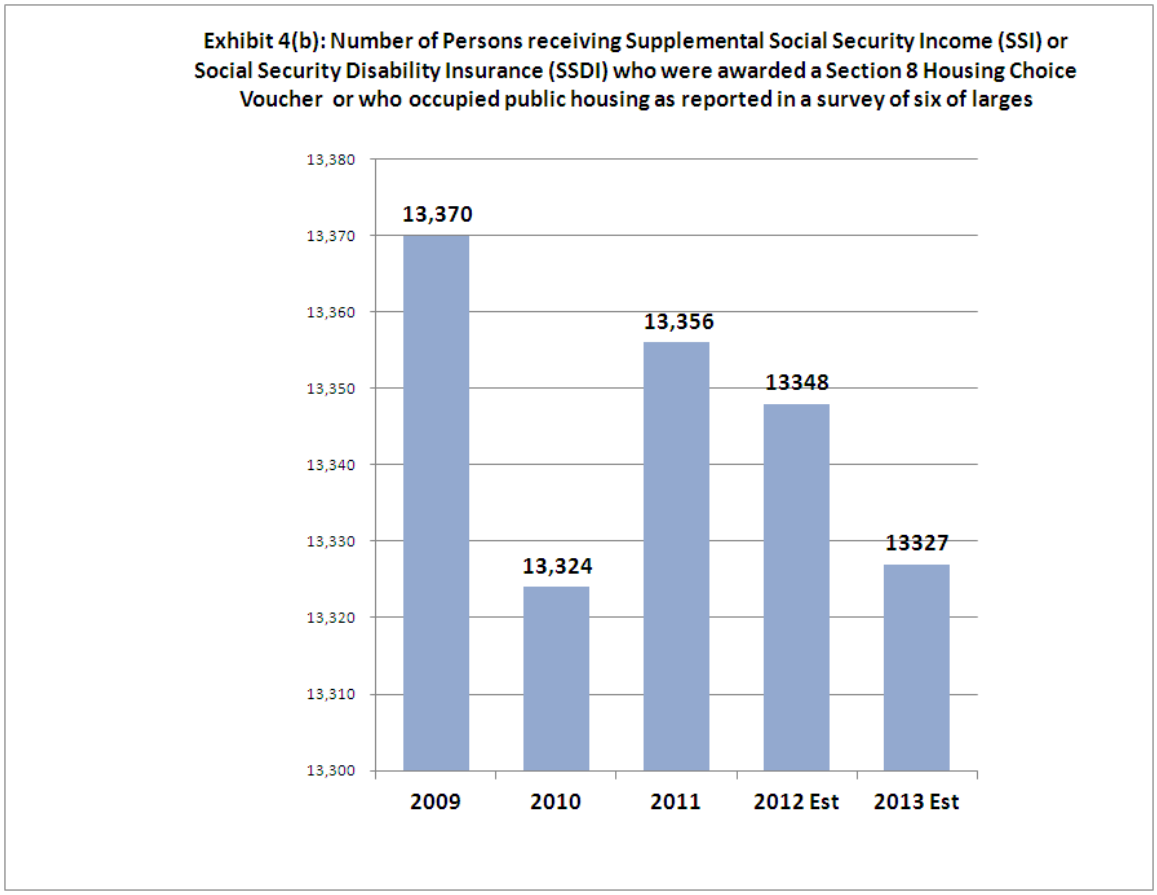


Exhibit 4(b): Housing



Constituent Services Program (CSP)

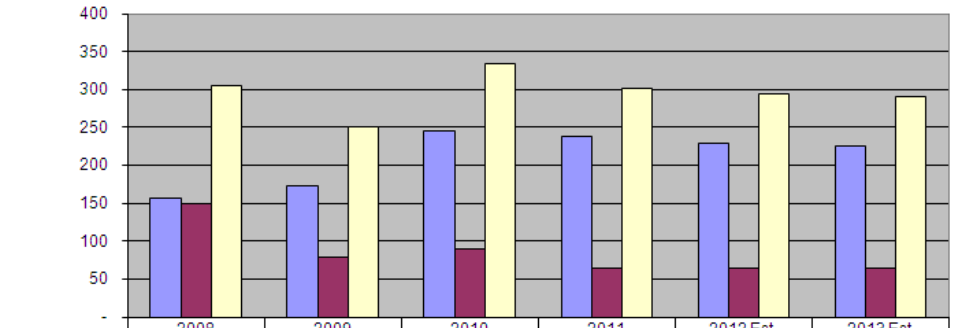
Program Description

The Constituent Services Program serves Marylanders by providing information and assistance to individuals as they navigate the human services system so they can advocate for themselves to receive quality, comprehensive, and consumer-directed services. There are four Constituent Service Coordinators at MDOD, each specializing in different areas in order to better serve individuals with disabilities and their families or caregivers.

Constituents Contacting CSP (Chart 1)

Chart 1: Constituent Services Program

Chart 3.1: Constituents Contacting MDOD Constituent Services Program per Quarter 1/



	2008	2009	2010	2011	2012 Est	2013 Est
In-person	156	173	245	238	230	226
Written	150	79	90	64	65	65
Total contacts	306	252	335	302	295	291

Fiscal Years

1/ CSP experienced a gap in automated data collection from October 2005 to March 2007 during a change from a prior data tracking system to implementation of a new data tracking process in Fiscal Year 2007. Because complete fiscal year data were not available until FY2008, the numbers of constituents per "typical quarters" were determined as follows:
-- FY 2007 is based on one quarter (April to June 2007); and
-- FY 2008 and FY 2009 are based on full year data (July 2007 to June 2008 and July 2008 to June 2009)

Maryland Technology Assistance Program (MD TAP)

Program Description

The Program provides information and technology services to people with disabilities. To enhance the quality of life for Marylanders with disabilities, the Program helps people to locate, evaluate, and purchase adaptive devices. The Program offers technology-related training and referrals in cooperation with the Department of Aging, the Division of Rehabilitation Services of the Maryland State Department of Education, and the Developmental Disabilities Administration of the Department of Health and Mental Hygiene. Three model technology demonstration centers have been established by the Program in Cumberland, Hagerstown, and Salisbury. The primary site is located at the Workforce Technology Center in Baltimore where technology resource specialists serve and other MD TAP staff members are based.

Chart 2: Maryland Technology Assistance Program (MD TAP)

RESULTS AND PERFORMANCE MEASURES		FISCAL YEARS				
		2009 Actual	2010 Actual	2011 Actual	Estimated 2012	Estimated 2013
Number of eligible individuals able to purchase assistive technology through loans received from the Assistive Technology Loan Program	Number of applications processed	127	158	124	152	165
	Number of loans approved	72	90	60	70	80
	Number of loans issued to purchase technology	44	59	49	50	60
	Number of open loans managed	158	148	148	165	175
Number of people MD TAP assisted through outreach and training, information and assistance, and technology demonstration and loan	Outreach & training	36,531	86,708	96,731	99,632	102,620
	Information & assistance	2,472	3,665	1,474	1,518	1,563
	Technology demo & loan	796	485	481	495	510

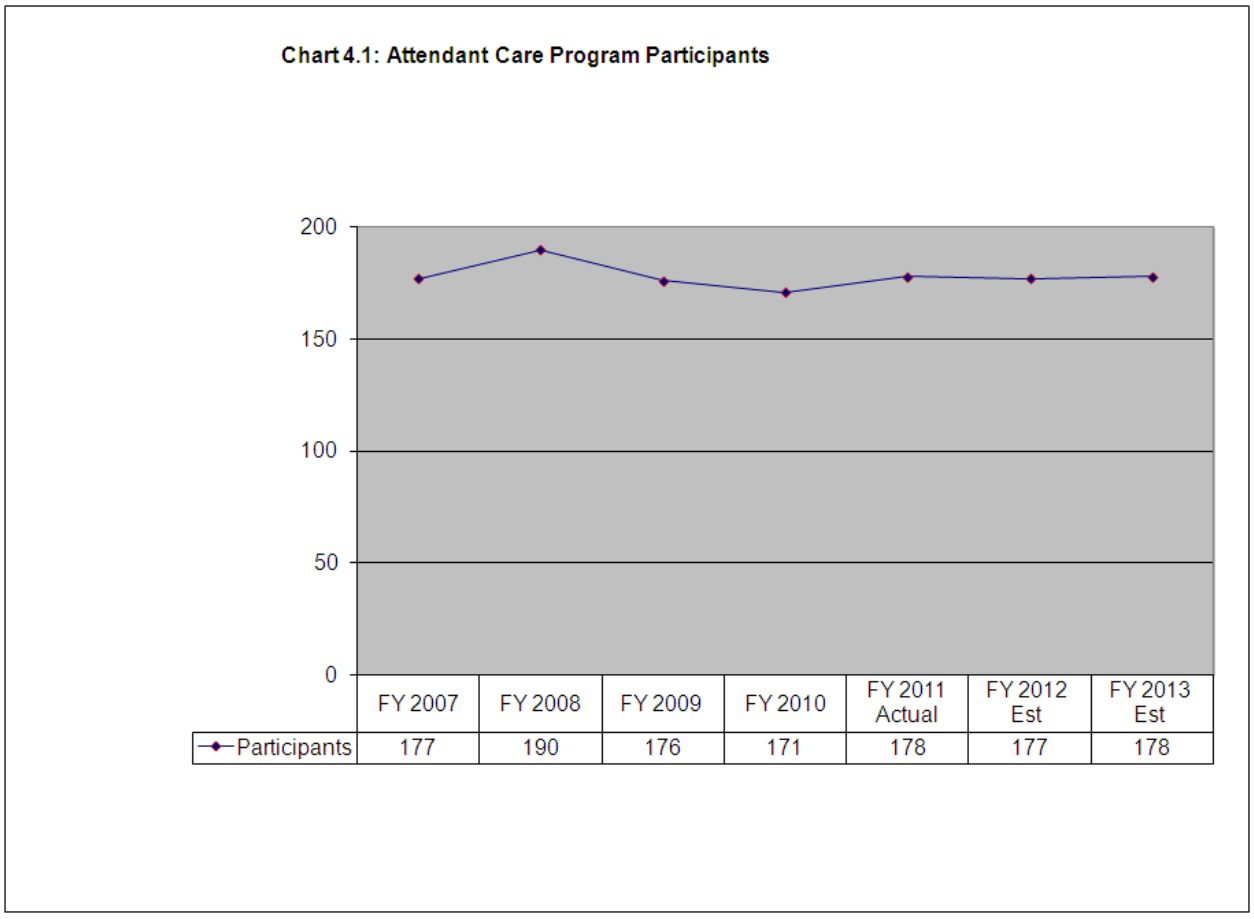
Attendant Care Program

Program Description

The Attendant Care Program provides financial reimbursement to eligible individuals, 18 to 64 years of age, with severe chronic or permanent physical disabilities so they can meet their attendant care services needs. The goal of the program is to supplement the cost of attendant care to support and encourage participants to remain employed, seek gainful employment, enroll in an institution of postsecondary education, or transition from or avoid nursing home placement.

The Attendant Care Program was established in July 1982 in the Maryland State Department of Education (MSDE), and was subsequently transferred to the Department of Human Resources (DHR) and effective July 1, 2004 to the Maryland Department of Disabilities (MDOD). The total number of individuals served in the program has remained steady for the past several years. **(Chart 3)**.

Chart 3: Attendant Care Program



Access Maryland

Program Description

The Access Maryland Program assists State agencies with ensuring that their facilities are in compliance with federal mandates requiring accessibility for persons with disabilities. Access Maryland project sites primarily include Maryland institutions of higher education, state office buildings, state parks and museums. The program provides funds to eliminate architectural barriers in State-owned facilities (buildings or parks) and provide programmatic access for Marylanders with disabilities. This will permit the State to comply with the Americans with Disabilities Act of 1990, which mandated that physical access be provided for all State services. These renovations are a long-term effort, which will require funding beyond FY 2016.

Fluctuations in Chart 4 in the numbers of projects from year to year primarily relate to the size of the projects, with larger projects requiring significantly more time to both design and construct. The Access Maryland Program has been level funded at $1.6 million since FY 2000 with the exception of FY 2006 when the program was funded at $1.3 million dollars.

Chart 4: Maryland Access Program

RESULTS AND PERFORMANCE MEASURES		FISCAL YEARS				
		2009 Actual	2010 Actual	2011 Actual	Estimated 2012	Estimated 2013
Number of Maryland State facilities that have increased physical access for persons with disabilities as a result of projects funded through the Maryland Access Program	Number of projects in design stage (initiation stage) at end of year	8	10	6	3	9
	Number of projects in construction stage at end of year	9	13	7	9	6
	Number of projects completed during year	11	16	13	9	9
	Number of State facilities with increased access	14	18	29	21	24

EMPLOYMENT AND TRAINING

VISION:

Marylanders with disabilities will have a variety of meaningful employment and training opportunities, incentive to work, and will choose and control the individualized services that support their diverse careers in integrated settings.

GOAL 1:

Ensure implementation/achievement of disability related items within Maryland's Skills to Compete Action Plan

STRATEGIES:

1.1 Implement a strategy to screen Temporary Assistance to Needy Families (TANF) recipients for disabilities and ensure appropriate documentation to access necessary support services for certificate or credential programs.
Responsible Unit(s): DHR

1.2 Collect data on retention, advancement and achievement of students with disabilities known to Disability Support Service offices.
Responsible Unit(s): MHEC, MDOD, and Maryland Colleges and Universities

1.3 Collect data on the number of clients with disabilities who achieve an employment outcome or receive a credential in middle or high skill jobs.
Responsible Unit(s): DORS

GOAL 2:

Increase access to and availability of quality work incentives, higher education and other resources to support individuals with disabilities in achieving their employment goals

STRATEGIES:

2.1 Increase awareness of www.mdeid.org and other employment resources through use of Web 2.0 tools.
Responsible Unit(s): MDOD, DORS, and DLLR

2.2 Increase enrollment in Employed Individuals with Disabilities program.
Responsible Unit(s): Medicaid and MDOD

2.3 Increase the number of individuals with disabilities receiving benefits counseling.
Responsible Unit(s): DORS and MDOD

2.4 Increase usage of the community college tuition waiver for students with disabilities.
Responsible Unit(s): MHEC, MDOD, and Community Colleges in Maryland

2.5 Ensure that the Family Economics and Financial Education (FEFE) curriculum modules that highlight public benefits, work incentives and the advantages of paid work for people who receive these benefits are used in grades 5 – 12 in every local school system.
Responsible Unit(s): MSDE and Local School Systems

GOAL 3:

Create and replicate best practices that increase integrated, individualized employment outcomes for Marylanders with disabilities

STRATEGIES:

3.1 Continue the Quest internship program hosting a minimum of 25 interns per year in state government; look for ways for Quest interns to be hired by state government; and work to expand and replicate the model in local governments, where possible. Additional information and resources will be developed to market the program.
Responsible Unit(s): DBM, DORS, and State Agency hosts

3.2 Continue establishment of an Employment First Model and increase the number of individuals with developmental disabilities seeking employment and the number of individuals employed in integrated employment.
Responsible Unit(s): MDOD and DDA

3.4 Increase the number of job seekers with disabilities enrolled in Maryland Workforce Exchange and develop and implement mechanism to prescreen and screen and refer qualified job seekers with disabilities to business inquiries received through MD Work Matters/Think Beyond the Label.
Responsible Unit(s): DLLR, DORS, and MDOD

3.5 Continue to support and participate with DORS in the administration of the Governor's Employment Initiative for Persons with Acquired Brain Injuries; the program will assure that at least 50 persons with significant brain

injuries maintain and are successful in employment. **Responsible Unit(s): MDOD and DORS**

3.6 Expand employment opportunities through Evidence-Based Supported Employment (EBSE) for persons with significant mental illness; and increase the number of consumers participating in employment.
Responsible Unit(s): MHA and DORS

3.7 Explore implementation and funding strategies to replicate Specialisterne, Project Search within state government, and a four year postsecondary college experience for individuals with intellectual disabilities.
Responsible Unit(s): MDOD, DORS, and DDA

GOAL 4:

Promote awareness of the skills and abilities of job seekers with disabilities to large and small employers.

STRATEGIES:

4.1 Increase business awareness and usage of www.mdworkmatters.org.
Responsible Unit(s): DBED, DLLR, DORS and MDOD

4.2 Continue marketing efforts to promote the skills and abilities of job seekers with disabilities.
Responsible Unit(s): MDOD and DLLR

4.3 Increase awareness and availability of federal state and local incentives for hiring individuals with disabilities.
Responsible Unit(s): DLLR, MDOD, DBED, and DORS

4.4 Partner with the Chamber of Commerce to identify models for a Distribution Center Initiative.
Responsible Unit(s): MDOD, DBED, DORS and Chamber of Commerce

4.5 Continue involvement with the Regional Disability Employment Consortium, Greater DC BLN, Lower Shore BLN, and related public private partnerships.
Responsible Unit(s): DLLR, MDOD, and DORS

COMMUNITY LIVING

VISION:

Individuals with long term support and service needs will have access to a wide range of options in choosing their own community supports in the most integrated setting appropriate to their needs.

GOAL 1:

Receive supports and services in the most integrated community setting based on the needs and preferences of the individual with an emphasis on rebalancing resource utilization and delivery of services in the community as opposed to institutional settings

STRATEGIES

1.1 Increase transitions of individuals out of nursing facilities and other institutional settings to community-based settings through Medicaid Home and Community Based Services waivers, the Money Follows the Person (MFP) Demonstration, and MDS 3.0 Section Q referrals.
Responsible Unit(s): Medicaid, MHA, DDA, MDoA, DHR and MDOD

1.2 Develop and implement policy and process for streamlining the process for long-term Medicaid financial eligibility approval for nursing facility residents who enter the institution with community Medicaid. **Responsible Unit(s): Medicaid, DHR, MDOD, and MDoA**

1.3 Investigate federal opportunities provided by the Affordable Care Act (ACA) to include the Health Home, 1915(i), and Balancing Incentive Payments Program (BIPP) options for development and implementation in Maryland. **Responsible Unit(s): Medicaid, MDoA, MHA, MDOD**

1.4 Develop and implement statewide standards for MAP sites and regional AAA's and CIL's to provide Options Counseling to interested institutionalized residents and other stakeholders or individuals currently living in the community who seek information regarding available community-based long-term services and supports.
Responsible Unit(s): MDoA, Medicaid, and MDOD

1.5 Evaluate methods to reduce waiting lists for long-term supports and develop a comprehensive process to address service gaps to people with disabilities.
Responsible Unit(s): DHMH, Medicaid, MDoA, DDA, DHR, MDOD

1.6 Develop and implement a streamlined application process for individuals seeking long-term supports/services from multiple resources for which they qualify
Responsible Unit(s): Medicaid, DHR, DDA, MHA, MDoA, and MDOD

GOAL 2:

Benefit from Maryland policy initiatives that reflect the state's commitment to provide quality and more person-directed supports and services in community-based settings thereby offering individuals the opportunity to exercise greater control and choice

STRATEGIES:

2.1 Apply for federal Lifespan Respite Care Act grant funding to improve upon existing supports for family caregivers which will provide for an increased likelihood that individuals with disabilities will have the choice to remain in their homes and communities and will exercise greater control over their supports.
Responsible Unit(s): DHR, DHMH, MDoA, MDOD, DDA, MHA, and Center for Maternal and Child Health

2.2 Implement recommendations from the Long-term Care Reform workgroup to address the Community First Choice (CFC) option under the Affordable Care Act allowing participants to choose agency-provided or self-directed options in managing services where appropriate.
Responsible Unit(s): Medicaid, DHMH, MDoA, DHR, and MDOD

2.3 Identify, collect, analyze, and report on data sources and elements that inform state leaders and policymakers regarding the progress of Maryland's rebalancing efforts and initiatives.
Responsible Unit(s): DHMH, Medicaid, DHR, MDoA, DDA, MHA, and MDOD

GOAL 3:

Increase access to accurate information that promotes increased awareness of available public and private resource options

STRATEGIES:

3.1 Through Maryland's MFP project and MDS 3.0 Section Q referrals, provide peer outreach, support, mentoring and options counseling to nursing facility and other institutionalized residents to inform them of

available options for public and private community-based services and supports.
Responsible Unit(s): (Medicaid, MDOD, MDoA, DDA, and MHA

3.2 Expand the MAP network across the state and improve the functioning and capacity of existing MAP sites to ensure that information and resources provided to individuals with disabilities are accurate and culturally competent.
Responsible Unit(s): MDoA, Medicaid, and MDOD

GOAL 4:

Increase access to resources and information that supports community living and addresses functional needs in response to emergency situations

STRATEGIES:

4.1 Plan and implement Maryland's sheltering response to natural and man-made disasters will address functional needs.
Responsible Unit(s): DHR, MEMA, MDOD, MDoA, DGS. Public Health (DHMH), OHCQ, and local emergency management offices

4.2 Assess emergency notification systems and assist in providing information and resources related to emergency response to notify people with disabilities of emergencies in a timely and accessible manner.
Responsible Units: MDOD, MEMA, DDA, MHA, ODHH, Medicaid, OHCQ, and local or regional planning entities

4.3 Identify resources for obtaining prescription medication, durable medical equipment, and other supplies needed to appropriately support individuals with disabilities and functional needs in State and local shelters.
Responsible Unit(s): MEMA, MD TAP, MDoA, DGS. Medicaid, OHCQ, DHR, and local emergency planning entities.

4.4 Assist in planning, sheltering in place, and timely evacuation of nursing facilities, assisted living facilities, and community residential settings for people with disabilities and functional needs in emergency situations.
Responsible Unit(s): MEMA, MDOD, MDoA, DGS. Medicaid, OHCQ, DHR and local emergency planning entities

GOAL 5:

Increase access to information and resources concerning the Americans with Disabilities Act (ADA)

STRATEGIES:

5.1 Increase availability of information regarding the opportunity to file complaints concerning violations of the ADA and other disability rights in

an accessible format.
Responsible Unit(s): MDOD, GCCR, and local MAPs

5.2 Conduct training and disseminate information regarding rights and responsibilities under the ADA in various regions of the State.
Responsible Unit(s): MDOD, DORS, GCCR, SILC, and Centers for Independent Living

HOUSING

VISION:

People with disabilities will have a full array of housing options similar to their non-disabled peers. People with disabilities will have access to affordable, accessible housing in their communities with linkages to appropriate support services.

GOAL 1:

Create strategies to increase affordable, accessible, integrated housing for individuals with disabilities

STRATEGIES:

1.1 Identify long-term funding sources for rental subsidies for people with disabilities who rely on SSI/SSDI as their sole source of income.
Responsible Unit(s): DHCD, MDoA, Medicaid, MDOD and PHAs

1.2 Continue collaboration among non-profit service agencies, housing entities (Public Housing Authorities), and the disability community to maximize housing opportunities for people with disabilities.
Responsible Unit(s): MDOD Housing Taskforce Perticipants, DHCD, MDoA, DDA, MHA, Medicaid, and PHAs

1.3 Include persons with long-term service and support needs in the State Housing Consolidated Plan.
Responsible Unit(s): DHCD, MDOD, DHMH, and DHR

1.4 Assist the State's largest Public Housing Authorities maintain baseline number of housing choice vouchers for non-elderly individuals with disabilities awarded since 1997.
Responsible Unit(s): PHAs (including DHCD) and MDOD

GOAL 2:

Develop and implement access to housing in the communities where people with disabilities choose to live by increasing the availability of Visitability and other acessibility features in newly constructed or renovated housing in Maryland

STRATEGIES:

2.1 Work with Visitability Advocates, builders, and other stakeholders to develop and implement effective Visitability legislation for Maryland.
Responsible Unit(s): MDOD and DHCD

2.2 Assist PHAs to maintain compliance with Fair Housing and Equal Opportunity requirements to ensure that the PHA meets their obligations under Section 504 and the ADA to afford persons with disabilities, transitioning from institutions, opportunities to participate in public housing or Housing Choice Voucher program.
Responsible Unit(s): MDOD and DHCD

2.3 Identify and develop options for modifying existing housing stock to meet the needs of low income individuals with physical disabilities.
Responsible Unit(s): DHCD, MDOD, and MD TAP

GOAL 3:

Incorporate the needs of people with disabilities into transit oriented development (TOD) and the creation of livable communities

STRATEGIES:

3.1 Include the production of accessible and affordable housing at early stages of planning activities for Livable Communities at designated and non-designated TOD sites around the State.
Responsible Unit(s): MDOT,DGS, WMATA, DHCD, Medicaid, MDOD, and local governments

3.2 Engage Federal Counterparts responsible for building codes and standards to consider clear and flexible solutions for producing accessible units in multi-family dwellings.
Responsible Unit(s): MDOD, DHMH, and DHCD

3.3 Provide training and outreach to developers of multi-family mixed use properties at TOD sites on the practical accessibility requirements for units.
Responsible Unit(s): MDOD, Medicaid, and DHCD

EDUCATION

VISION:

Students with disabilities will receive a free, high-quality public education in the least restrictive environment and emerge prepared and able to access employment or higher education. All youth with disabilities will have the necessary services and accommodations to succeed and experience a successful transition to post-secondary education or employment.

GOAL 1:

Educate students with disabilities in the least restrictive environment with their nondisabled peers at a greater percentage

STRATEGIES:

1.1. Provide the professional development concerning supplementary aids and services, including the Educational Interpreter Performance Assessment (EIPA) that is needed for students with disabilities to succeed in the general education setting.
Responsible Unit(s): Local School Systems and MSDE

1.2. Encourage teacher education programs to fund additional opportunities concerning Individualized Education Programs (IEP) for instruction in order to better accommodate the diverse needs of students with disabilities within the general education setting.
Responsible Unit(s): MSDE and Institutes of Higher Education

1.3. Ensure compliance with the Fitness and Athletics Equity for Students with Disabilities Act, so that students with disabilities are welcomed in public school athletic and fitness activities.
Responsible Unit(s): MSDE and Local School Systems

1.4. Facilitate the appropriate identification of students in special education, including monitoring the disproportionate representation of racial and ethnic groups.
Responsible Unit(s): MSDE and Local School Systems

1.5. Facilitate children placed in out-of-home care continued attendance in their community schools.
Responsible Unit(s): MSDE, DHR, DJS, MHA, Local Departments of Social Services and Local School Systems

GOAL 2:

Provide preschool services to children with disabilities in settings with their nondisabled peers to facilitate entry into kindergarten ready to learn

STRATEGIES:

2.1 Improve technical assistance for Local School Systems to identify and implement best practices in early intervention and preschool services for children with disabilities.
Responsible Unit(s): MSDE

2.2 Prioritize early education for vulnerable children, including children with disabilities, to ensure that children and their families receive early intervention and supports in the least restrictive setting.
Responsible Unit(s): MSDE (MITP) and MDOD

GOAL 3:

Increase the number of students with disabilities scoring proficient or advanced on the MSAs and increase the number of students with disabilities scoring proficient or advanced on the HSAs and receive a high school diploma

STRATEGIES:

3.1 Expand number of students with disabilities receiving access to general education curriculum with nondisabled peers.
Responsible Unit(s): MSDE and Local School Systems

3.2 Distribute information to students and families on the difference between the Diploma and Certificate of Completion tracks, including when a Certificate track can be considered.
Responsible Unit(s): MSDE, MDOD, and Local School Systems

3.3 Local School Systems will provide professional development and support to staff so they are knowledgeable about modifications to curriculum.
Responsible Unit(s): MSDE and Local School Systems

GOAL 4:

Support effective transition planning so students with disabilities will exit high school better prepared for employment and/or post-secondary education

STRATEGIES:

4.1 Provide access to paid employment experiences, where appropriate as determined by the IEP team.
Responsible Unit(s): MSDE/DORS, MSDE/DCCR, DLLR, and Local School Systems

4.2 Ensure access to Career and Technology Education curriculum for students with disabilities.
Responsible Unit(s): MSDE/DCCR Local School Systems

4.3 Expand access to information on programs and supports for postsecondary education and employment options.
Responsible Unit(s): MSDE/DORS, MDOD, Community Colleges, and Local School Systems

4.4 Provide students with an Individualized Education Program (IEP) with an Exit Document at the conclusion of high school that includes information on the student's course of study and academic success to assist the students as they move toward their post school goals.
Responsible Unit(s): MSDE and Local School Systems

CHILDREN, YOUTH AND FAMILIES

VISION:

Children and youth with disabilities (and their families) will have equal access to an integrated support system that is self-directed, responsive, flexible and available.

GOAL 1:

Improve capacity that fosters individualized community-based services for children and youth with disabilities to remain in their communities and decrease reliance on out-of-state options

STRATEGIES:

1.1 Develop additional in-state options for services that limit reliance on out-of-state placements for children with disabilities removed from their homes.
Responsible Unit(s): DHMH/MHA and Children's Cabinet Agencies, Local Management Boards, and Care Management Entities (CMEs)

1.2 Continue the Department of Human Resources' Place Matters initiative; including increasing the number of high quality foster homes and kinship placements in the community while providing caregivers with supports to reduce the number of relocated children.
Responsible Unit(s): DHR, MSDE, DJS, and DHMH/MHA

1.3 Increase involvement of families and youth with disabilities in policy-making and quality assurance of community-based supports.
Responsible Unit(s): MDOD and Children's Cabinet Agencies

1.4 Expand Children and Family Teams (CFTs) to design and implement individualized plans of care for children with developmental disabilities.
Responsible Unit(s): DHR, Children's Cabinet Agencies, and CMEs

1.5 Increase and promote awareness of prevention and intervention strategies that ensure school and community-based settings for children and youth with disabilities are free from bullying, harassment and intimidation.
Responsible Unit(s): MSDE, Local School Systems, and Children's Cabinet Agencies

1.6 Work with state partners to identify alternative services, including respite, for families on registries or waiting lists.
Responsible Unit(s): DHMH/DDA and DHMH/MHA, DHMH/Medicaid, MSDE, DHR, and MDOD

GOAL 2:

Increase access to out-of-school time programs for children and youth with disabilities in settings with nondisabled peers

STRATEGIES:

2.1 Encourage the development of partnerships in local jurisdictions to enhance opportunities for children with disabilities to access intra-and extracurricular activities, including afterschool and summer programs in the community.
Responsible Unit(s): MSDE/Division of Instruction, Athletic Programs, MDOD, local school systems, and Out-of-School Time (OST) programs and organizations

2.2 Increase training to out-of-school providers in order to improve understanding of the ADA and resources available for providing accommodations.
Responsible Unit(s): MDOD, MSDE/DECD MSDE/DSE/EIS, Local Management Boards, and OST programs and organizations

GOAL 3:

Increase access to transition planning information, supports and services for youth, young adults, and their families

STRATEGIES:

3.1 Expand access to information on transition planning programs and supports for youth with disabilities aged 14-21.
Responsible Unit(s): IATC members and local jurisdictions

3.2 Encourage the development of partnerships in local jurisdictions to create additional transition planning resource fairs and transition planning programs for youth ages 14 to 21.
Responsible Unit(s): IATC members, MHEC, Community Colleges, and local jurisdictions

3.3 Study best practices, including funding strategies, from other states that provide supports for youth ages 18-21.
Responsible Unit(s): MDOD, GOC DHR, DHMH/DDA, and DHMH/MHA

3.4 Increase supports and services for youth ages 18-21 who are not enrolled in high school.
Responsible Unit(s): MSDE/DORS, DDA, DHR, DJS, MDOD, MHA and local jurisdictions

TECHNOLOGY

VISION:

Maryland citizens with disabilities will access State services and employment opportunities through the use of assistive technology and accessible information technology. People with disabilities will have increased options for assistive technology acquisition that is both accessible and affordable.

GOAL 1:

Provide Marylanders with disabilities the information and training needed to make informed choices about selection, funding, acquisition, and operation of assistive technology

STRATEGIES:

1.1 Conduct general outreach to at least 15,000 individuals with disabilities, families and professionals about assistive technology and services through presentations, resource fairs and conferences, social media outlets, and other public forums assuring that abroad range of ages and disabilities throughout Maryland are exposed to assistive technology.
Responsible Unit(s): MD TAP

1.2 Deliver specific information and referral about assistive technology including how to obtain assessments, try out devices, secure funding and discounts, select vendors, and receive training, to at least 2000 individuals with disabilities, families and professionals.
Responsible Unit(s): MD TAP and MDOD

1.3 Demonstrate assistive technology devices and/or lend devices to at least 1,300 individuals with disabilities, families and professionals to enable them to discover and select the most appropriate technologies.
Responsible Unit(s): MD TAP

1.4 Expand the reach and scope of the Voice for Freedom Project to include persons transitioning to the community via home and community-based waivers.
Responsible unit(s): MD TAP, DDA, Medicaid, and MDoA

GOAL 2:

Reduce financial barriers to acquiring assistive technology for eligible Marylanders with disabilities who are seeking independent living and employment opportunities

STRATEGIES:

2.1 Continue to support and identify new statewide partners that provide assistive technology and durable medical equipment at a discounted price, and ensure Marylanders with disabilities have access to these cost-saving resources.
Responsible unit(s): MD TAP, MDOD, and Medicaid

2.2 Continue to ensure, through the Assistive Technology Loan Program and WORKAbility Loan Program, which eligible Marylanders with disabilities have access to low-interest loans that help them purchase assistive technology and durable medical equipment they need to live independently and seek employment opportunities.
Responsible unit(s): MD TAP and partner financial institutions

2.3 Seek out funding opportunities and partnerships with telecommunications carriers that would make broadband internet available to eligible Marylanders with disabilities at a reduced cost.
Responsible unit(s): MD TAP and MDOD

GOAL 3:

Provide technical assistance and information to improve the accessibility of State agency websites and other information technology-based services

STRATEGIES:

3.1 Support the creation of information that provides technical assistance to State agencies to help them comply with Information Technology Non-Visual Access Policy regarding agency website development and information technology purchasing decisions.
Responsible Unit(s): MDOD, MD TAP, DoIT, and agency partners

3.2 Work with the Department of Information Technology and other partners to develop a set of recommendations for State agency web developers that encourages compliance with Information Technology Non-Visual Access Policy and other accessibility standards.
Responsible Unit(s): DoIT and MDOD

3.3. Collaborate with DLLR to establish guidelines, recommendations, and limited technical support on the further implementation of accessible workstations in Maryland One Stops and the improvement of accessibility of other information technology-based employment resources.
Responsible Unit(s): MD TAP, DLLR, and DORS

GOAL 4:

Collaborate with responsible state and local agencies to help ensure uninterrupted access to assistive technology devices and services for eligible students including those who are transitioning from high school to work or higher education and individuals who receive services through DDA.

STRATEGIES:

4.1 MD TAP will work with DORS and local school systems to improve uninterrupted assistive technology access for high school students transitioning into post-secondary school or employment. MDTAP will also collaborate with responsible agencies to explore strategies to assess and mitigate potential technology gaps for transitioning youth.
Responsible Unit(s): MD TAP, MDOD, DORS, and Local School Systems

4.2 Develop a policy for assistive technology to be considered at individual planning meetings for all individuals who receive services funded by the DDA.
Responsible Unit(s): DDA, MD TAP, and MDOD

GOAL 5:

Develop a plan with key agencies and stakeholders to create environmentally responsible, medically safe and fiscally sound durable medical equipment and assistive technology reuse programs.

STRATEGIES:

5.1 Work with agency partners to assess potential cost-savings to the State for a Durable Medical Equipment Reuse program, and to identify potential strategies for the joint implementation of such a program.
Responsible unit(s): MD TAP, MDOD, MDoA, and Medicaid

5.2 Work with State Surplus Manager to implement plan to transfer all state-surplus assistive technology to equipment reuse programs or organizations.
Responsible Unit(s): MD TAP, DORS, and DGS

5.3 Coordinate community resources to develop an equipment reuse program within nursing homes, institutions, state residential centers, and other

long-term care facilities for individuals who are unable to afford or obtain needed assistive technology devices.
Responsible Unit(s): MD TAP and community organizations

5.4 Provide support to Centers for Independent Living so they can create or maintain programs in which they receive and loan out used and donated assistive technology and durable medical equipment.
Responsible Unit(s): MDOD, MD TAP, CILs, and Medicaid

5.5 Develop a public awareness campaign with Durable Medical Equipment (DME) vendors, retailers, and other private-sector partners by affixing stickers to equipment with appropriate redistribution or recycling instructions.
Responsible Unit(s): MD TAP, DME vendors, and community partners

HEALTH AND BEHAVIORAL HEALTH

VISION:

Citizens with disabilities will have access to a system of high quality health care, including behavioral health services and supports and people with disabilities are treated with dignity and respect and are protected from abuse, neglect, or other harm.

GOAL 1:

Ensure access to high quality, consumer- centered behavioral health services

STRATEGIES:

1.1 Support statewide activities promoting the continuance of Wellness and Recovery Action Plan (WRAP) training as part of ongoing efforts to increase the wellness and recovery orientation, enhance peer support activities, and utilize best practices within the consumer movement.
Responsible Unit(s): MHA

1.2 Continue to facilitate coordination of care activities throughout the Public Mental Health System (PMHS) and study data to determine impact of wellness activities and coordination of care in the provision of community mental health services.
Responsible Units: MHA and DDA

1.3 Continue statewide expansion of the Consumer Quality Team (CQT).
Responsible Unit(s): MHA

1.4 Implement, evaluate, and refine the local pilot project of Self-Directed Mental Health Care.
Responsible Unit(s): MHA

1.5 Expand the Mental Health First Aid project in Maryland, including the development and implementation of the Children's Mental Health First Aid project.
Responsible Unit(s): MHA and Medicaid

1.6 Develop a statewide suicide prevention plan that includes youth, adults, older adults and special at-risk population groups with strategies that are specific to addressing the needs of each group.
Responsible Unit(s): MHA and Governor's Commission on Suicide Prevention

1.7 Ensure that mental health awareness and services are culturally competent.
Responsible Unit(s): MHA and DDA

GOAL 2:

Improve access to behavioral health services for people with a wide range of non-psychiatric disabilities and co-occurring psychiatric disabilities

STRATEGIES:

2.1 Develop an integrated care model for consumers age 50 years and above, with behavioral and somatic health needs, in PMHS residential programs.
Responsible Unit(s): MHA, Medicaid, DDA, and OHCQ

2.2 Provide support and technical assistance to promote statewide access to culturally competent services for individuals who are deaf or hard of hearing.
Responsible Unit(s): Mental Health subcommittee of the Maryland Advisory Council for Deaf and Hard of Hearing, MHA, CSAs, advocates, and other state and local agencies

2.3 Implement efforts to incorporate services for individuals with brain injury into long-term care efforts.
Responsible Unit(s): Medicaid and MHA

2.4 Continue to monitor, and evaluate community services and plans of care for consumers with traumatic brain injury (TBI) through the TBI waiver**.**
Responsible Unit(s): MHA and Medicaid

2.5 Partner with community advocates to identify behavioral health needs of people with disabilities transitioning from institutions, including people served under Money Follows the Person (MFP); design and implement strategies for addressing these needs.
Responsible Unit(s): Medicaid, MHA, DDA, and MDOD

GOAL 3:

Rebalance the State's behavioral health service delivery to ensure that people with disabilities have access to these services in the most integrated setting based on their needs and community living preferences

STRATEGIES:

3.1 Continue to develop and evaluate the Discharge Readiness Assessment Process, including the State's on-going capacity to screen long-term residents of State Psychiatric Hospitals; solicit individuals' preferences and needs for living in the community, and transition successfully to the community those individuals who have expressed a desire to do so.
Responsible Unit(s): MHA

3.2 Transition eligible individuals residing in State Psychiatric Hospitals to the community through the State's Money Follows the Person (MFP) Demonstration Project and other initiatives.

Responsible Unit(s): Medicaid, MHA, DDA, and MDoA

3.3 Continue to monitor crisis response systems, diversion activities, and community aftercare to increase the diversion of inpatient and detention center utilization by individuals with mental illness.
Responsible Unit(s): MHA

3.4 Continue training activities surrounding reduction of seclusion and restraint in the state-operated facility system and other inpatient settings to include child, adolescent, and adult inpatient programs.
Responsible Unit(s): MHA and DDA

3.5 Evaluate 1915(i) option to expand Medicaid waiver coverage to people with disabilities as a possible source for flexibility in categorical definitions of discrete eligibility definitions.
Responsible Unit(s): MHA, DDA, and Medicaid

GOAL 4:

Improve access for children and adolescents with metal health disabilities to supports and services within their communities

STRATEGIES:

4.1 Continue to collaborate with CMS to identify service delivery models for children to receive wraparound services in lieu of out of home placements; Continue to utilize the CMEs to administer waiver programs in collaboration with additional state funded mental health services where possible.
Responsible Unit(s): MHA, Medicaid, GOC and CMEs

4.2 Continue to expand school-based mental health services and Positive Behavioral Interventions and Supports (PBIS) for students with the most significant mental health needs.
Responsible Unit(s): MHA, MSDE, Local School Systems, and PBIS partners

4.3 Collaborate with primary care physicians in conducting mental health screenings and making appropriate referrals for children and youth with mental health disabilities.
Responsible Unit(s): MHA and DHMH (somatic health care)

GOAL 5:

Improve access to care for people with disabilities and ensure Healthcare Reform efforts incorporate the needs of people with disabilities

STRATEGIES:

5.1 Continue to work with the mental health community to initiate educational activities and disseminate to the general public, current information related to psychiatric disorders, prevention mechanisms-including reduction of bullying and harassment, treatment services and supports.
Responsible Unit(s): MHA

5.2 Continue development of the State's plan for seamless entry into coverage to meet federal implementation deadlines and maximize federal funding for information technology systems and infrastructure.
Responsible Unit(s): DHMH and MHA

5.3 Identify providers with skills and experience in treating health and behavioral health needs of children and adults with disabilities.
Responsible Unit(s): DHMH, MHA, MHCC, and OHCQ

5.4 Plan for the integration of accessible diagnostic equipment to improve identification and treatment of medical conditions among people with disabilities.
Responsible Unit(s): DHMH, MHCC, and OHCQ

5.5 Partner with the Governor's Office of Health Care Reform to address issues that impact people with disabilities.
Responsible Unit(s): DHMH, OHCQ, MDOD, and GOHCR

TRANSPORTATION

VISION:

Marylanders with disabilities will access an array of reliable, cost-effective transportation options, enabling travel to destinations of their choosing at the same rate as their peers without disabilities.

GOAL 1:

Improve access to public and personal transportation for people with disabilities

STRATEGIES:

1.1 Improve transportation options for people with disabilities who rely on the Washington Metropolitan Area Transportation Authority (WMATA) for transportation, including expansion of accessible taxi services.
Responsible Unit(s): MDOD, MDOT, and WMATA

1.2 Examine the feasibility of expanding One Call-One Click pilot beyond Anne Arundel County first to Prince George's and Montgomery County and then statewide.
Responsible Unit(s): MDOD, MDOT, MTA, and WMATA

1.3 Enhance and consolidate resources available to people with disabilities through the Motor Vehicle Administration (MVA) to ensure that the concerns of drivers and prospective drivers with a range of disabilities are accommodated.
Responsible Unit(s): MDOD, MVA, ODHH, and DORS

1.4 Increase the availability of accessible taxis for consumers in all regions of the State and examine the feasibility of purchasing additional accessible vehicles as prototypes of accessible taxicabs.
Responsible Unit(s): MDOT, MTA, and WMATA

1.5 Include transportation considerations at each stage of planning activities for Livable Communities and transit oriented development initiatives.
Responsible Unit(s): MDOD, MDOT, MDP, DBED, DLLR, and DHCD

1.6 Improve proper utilization and enforcement of parking requirements for people with disabilities.
Responsible Unit(s): MDOD, MDOT, MVA, MSP, and Local Law Enforcement

1.7 Increase awareness and availability of assistance with fueling vehicles driven by people with disabilities across the State.
Responsible Unit(s): MDOD, MDOT, CILs, and local Commissions on Disabilities

GOAL 2:

Increase use fixed route transportation by people with disabilities

STRATEGIES:

2.1 Expand and enhance available travel training options by providing a travel training system statewide that extends to school systems and to people whose driving is restricted for medical reasons.
Responsible Unit(s): MDOD, MDOT, MTA, WMATA, Local School systems, and DORS

2.2 Expand and promote the MTA web-based route planning tool and pilot linkages to local transportation providers for paratransit and other service for people with disabilities.
Responsible Unit(s): MDOD, MDOT, MTA, and DOIT

2.3 Assess potential revisions to certification of people with disabilities for paratransit services including: standards, frequency of recertification, functional assessment criteria, and education of the general public and physicians regarding prospective changes.
Responsible Unit(s): MDOD, MDOT, MTA, and WMATA

2.4 Examine the feasibility of using uniform standards to certify paratransit users that will include an assessment of whether or not travel training could allow an individual to ride fixed route.
Responsible Unit(s): MDOD, MDOT, MTA, and WMATA

GOAL 3:

Examine cross-regional transportation capacity in both the fixed route and paratransit systems to enable people with disabilities to travel across regions using multiple systems

STRATEGIES:

3.1 Facilitate local, regional and cross-jurisdictional strategies which increase efficiency, customer satisfaction, and fiscal accountability of state funded human-services transportation.
Responsible Unit(s): MDOD, MDOT, MTA, WMATA, and regional providers

3.2 Develop a comprehensive Statewide Plan for coordinated human services transportation that optimizes State, federal, and local resources.
Responsible Unit(s): HSTCC

3.3 Support the deliberations and recommendations of the Human Services Transportation Coordinating Council as it relates to cross-regional transportation.
Responsible Unit(s): MDOD, MDOT, MTA, and WMATA

3.4 Examine options for statewide cross-jurisdictional reciprocity of certification for paratransit service and disability or senior reduced fare.
Responsible Unit(s): MDOD, MDOT, MTA, WMATA, and regional providers

GOAL 4:

People with disabilities will have improved access to specialized health related transportation options with flexibility and efficiency of scheduling

STRATEGIES:

4.1 Expand Taxi Access Pilot programs for services to people in need of dialysis and other chronic health conditions.
Responsible Unit(s): MDOD, MDOT Medicaid, and regional transportation providers

4.2 Identify all local and Medical Assistance transportation providers to assess current utilization and plan for future needs.
Responsible Unit(s): MDOD, MDOT, MTA, WMATA, Medicaid, and jurisdictional transportation providers

Appendix 1

STATUTORY AUTHORITY

State Disabilities Plan: Leadership and Interagency Collaboration

LEADERSHIP

- The Maryland Department of Disabilities (MDOD) "is the principal unit of State government responsible for developing, maintaining, revising, and enforcing statewide disability policies and standards throughout the units of State government." **Human Services Code Annotated (HSCA) § 7-114 (a)(1)**
- MDOD serves as the principal advisor to the Governor on how to carry out the recommendations and strategies of the State Disabilities Plan. **HSCA § 7-114 (a)(2)(i)(1)**
- MDOD Secretary approves of and amends the State Disabilities Plan. **HSCA § 7-113 (e)(2)**
- MDOD Secretary takes a leadership role in submitting an annual analysis on the State Disabilities Plan. This analysis includes the "State's" progress, incorporating all of the State agencies and their work to support people with disabilities. **HSCA § 7-113 (f)**

INTERAGENCY DISABILITIES BOARD

- The primary purpose of the Interagency Disabilities Board is to provide guidance and development support for the State Disabilities Plan. The Board is charged with creating comprehensive, integrated service delivery for people with disabilities. **HSCA § 7-127, § 7-131**
- Members of the Interagency Disabilities Board include the Secretary of Disabilities, Chair, and the Secretary or Secretary's designees of the Departments of: Aging; Business and Economic Development; Budget and Management; Health and Mental Hygiene; Housing and Community Development; Human Resources; Labor, Licensing and Regulation; Planning; and Transportation. The Board also includes: the Executive Director of the Governor's Office of Children, or the Executive Director's designee; the Director of the Governor's Office of the Deaf and Hard of Hearing, or the Director's designee; and representatives from any other unit of State government that the Governor designates. **HSCA § 7-128**

- Though the Interagency Disabilities Board is chaired by the Secretary of MDOD, and the State Disabilities Plan is led by the MDOD, the Plan represents a compilation of accomplishments, goals and strategies with a "statewide" focus. Since each of the State agencies that has membership on the Interagency Disabilities Board is involved with programming and services for people with disabilities, these programs and services (and data pertaining to them) are included in the State Disabilities Plan. **HSCA § 7-132 (a)(3)**

MDOD SUPPORT TO STATE AND LOCAL GOVERNMENT

- MDOD is charged to assist units of State government to identify federal, State, local, and private funds available to the State for programs and services for individuals with disabilities. **HSCA § 7-114 (a)(2)(iii)**
- MDOD is charged to provide technical assistance to local jurisdictions in planning and implementing collaborative strategies consistent with the State Disabilities Plan. **HSCA § 7-114 (a)(2)(iv)**
- In budget planning for services and programs for people with disabilities, MDOD makes budget recommendations to the Department of Budget and Management. **HSCA § 7-114 (a)(2)(ii)**
- Each year, other State agencies inform MDOD of new or proposed services for people with disabilities, or of current services and programs upon the Secretary's request. The services and programs of other agencies are important to the work of MDOD; in turn, other State agencies want MDOD, as a leader, to partner in these efforts. **HSCA § 7-115**

Appendix 2

MARYLAND COMMISSION ON DISABILITIES

Andrew D. Levy, Esq,- Chair

C. David Ward

Jamey E. George

Lauren Young, Esq.

Juliette Rizzo

Harry Chase, Esq.

Patricia Heagy

Nancy Jenkins

Kavita Krishnaswamy

Karen Ann Lichtenstein

James McCarthy

Lauren Newman

Norma Rodriguez

Valerie Smith

Christine Towne

Kenneth R. Wireman

Mark Leeds

Department of Health and Mental Hygiene

Marc Nicole

Department of Budget and Management

Dr. Nollie Wood

Alliance of Local Disability Commissions

Appendix 3

GLOSSARY OF ACRONYMS

ADA – Americans with Disabilities Act

ADAA – Alcohol and Drug Abuse Administration within the Department of Health and Mental Hygiene

ADRC – Aging and Disability Resource Center

CACAT – Citizens Advisory Counsel for Accessible Transportation

CBS – Community Based Services

CEO – Chief Executive Officer

CIL- Center for Independent Living

CMS – Centers for Medicare and Medicaid Services within the U.S. Department of Health and Human Services

COMAR – Code of Maryland Regulations

DBM – Department of Budget and Management

DDA – Developmental Disabilities Administration within the Department of Health and Mental Hygiene

DECD – Division of Early Childhood Development within the Maryland State Department of Education

DGS – Department of General Services

DHCD – Department of Housing and Community Development

DHMH – Department of Health and Mental Hygiene

DHR – Department of Human Resources

DLLR – Department of Labor, Licensing, and Regulation

DOIT – Department of Information Technology

DORS – Division of Rehabilitation Services within the Maryland State Department of Education

DPN – Disability Program Navigator

DSE/EIS- Division of Special Education/ Early Intervention Services within the Maryland State Department of Education

EID – Employed Individuals with Disabilities Program (also referred to as the Medicaid Buy-In)

FHA – Family Health Administration within the Department of Health and Mental Hygiene

FY – Fiscal Year

GCCR-Governor's Commission on Civil Rights

GOC – Governor's Office for Children

GOSV – Governor's Office on Services and Volunteerism

GWIB – Governor's Workforce Investment Board

HSTCC- Human Services Transportation Coordinating Council

ICF/MR – Intermediate Care Facility for the Mentally Retarded

IATC-Governor's Interagency Transition Council for Youth with Disabilities

IEP – Individualized Education Program

IDA – Individual Development Accounts

IMD – Institutions of Mental Disease

IT – Information Technology

JHU – Johns Hopkins University

JPG – Jurisdictional Planning Groups

LE – Labor Exchange

LSS – Local School System

LRE – Least Restrictive Environment

LTC – Long Term Care

MAP-Maryland Access Point (an Aging and Disability Resource Center)

MARC – Maryland Rail Commuter (train rail passenger service system)

MEMA – Maryland Emergency Management Agency

MCOD – Maryland Commission on Disabilities

MDOA – Maryland Department of Aging

MDOD – Maryland Department of Disabilities

MDOT – Maryland State Department of Transportation

Medicaid – Administration within the Department of Health and Mental Hygiene

MFP-Money Follows the Person Demonstration Project

MFR – Managing for Results

MHA – Mental Hygiene Administration within the Department of Health and Mental Hygiene

MHCC-Maryland Health Care Commission

MHEC – Maryland Higher Education Commission

MITP – Maryland Infant and Toddlers Program within the Maryland State Department of Education

MOU – Memorandum of Understanding

MPSSA – Maryland Public Secondary Schools Athletic Association

MSDE – Maryland State Department of Education

MTA – Maryland Transit Administration within the Maryland Department of Transportation

MD TAP – Maryland Technology Assistance Program within the Maryland Department of Disabilities

MVA – Motor Vehicle Administration within the Maryland Department of Transportation

MWE – Maryland Workforce Exchange

NF – Nursing Facility

NVA – Non Visual Access

ODHH –Office of the Deaf and Hard of Hearing

OHCQ-Office of Health Care Quality within the Department of Health and Mental Hygiene

PHA – Public Housing Authority

RFP – Request for Proposal

SES – Supported Employment Services

SILC – State Independent Living Council

SRC – State Residential Center

SSA – Federal Social Security Administration

UASI – Urban Area Sheltering Initiative

UI – Unemployment Insurance

U.S. – United States

VOAD – National Volunteer Organization Active in Disasters

VR – Vocational Rehabilitation

WEB EOC – Web Emergency Operating Center

WMATA - Washington Metropolitan Area Transit Authority

WIA – Workforce Investment Act